



ARIZONA SMOKERS' HELPLINE
TOBACCO EDUCATION AND PREVENTION PROGRAM
PROACTIVE REFERRAL FAX

TODAY'S DATE: ___/___/___

| | |
|---|--|
| <p>FAX TO:</p> <p>Arizona Smokers' Helpline 1-877-908-8181 Toll-free fax number Visit www.azdhs.gov/phs/tepp/hcp.htm for supplies</p> | <p>FROM: (Stamp or write in your contact information here)</p> <p>Referring Clinician: _____ Attending Physician: _____ Clinic Name: _____ Address: _____ City: _____ Zip: _____ Phone: _____ Fax: _____</p> |
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Client Consent and Personal Information Section:

I understand that the Arizona Smokers' Helpline will be contacting me with quit tobacco information, community referrals and/or counseling. My participation is voluntary. I understand that any information I provide will be kept confidential. I give the Helpline and the referring agency or physician permission to discuss my use of service.

Patient's Name (please print)

Patient or Guardian's Signature

Verbal consent received

Person obtaining verbal consent (sign and print)

___/___/___ Patient Date of Birth

Best time to call patient:

Patient's Address

8am to 12pm 12pm to 5pm

5pm to 8:30pm Specific: _____

Spanish Speaker English Speaker

(_____) _____
Phone: home work other

Intra-Agency Section:

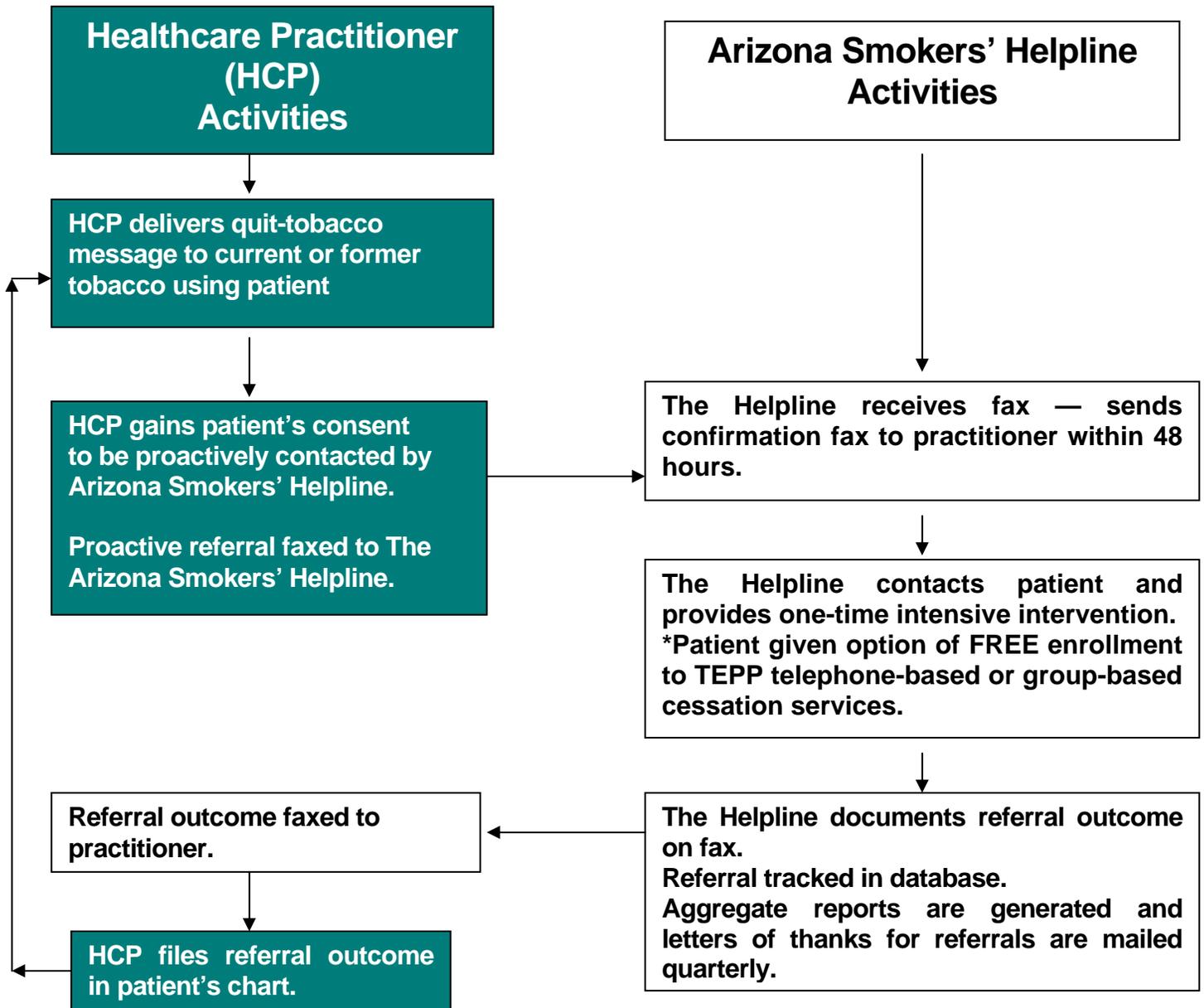
If your agency is receiving a proactive referral, please track the client contact information below, and fax this form back to the agency that sent you this fax: _____ (referring agency's fax number)

| Attempt | Date | Time | Result: indicate if service choice is to <input type="checkbox"/> Helpline or <input type="checkbox"/> Group services |
|---------|------|------|--|
| 1 | | | <input type="checkbox"/> Reached, accepted services <input type="checkbox"/> Reached, declined services <input type="checkbox"/> Not reached |
| 2 | | | <input type="checkbox"/> Reached, accepted services <input type="checkbox"/> Reached, declined services <input type="checkbox"/> Not reached |
| 3 | | | <input type="checkbox"/> Reached, accepted services <input type="checkbox"/> Reached, declined services <input type="checkbox"/> Not reached |

Class Date ___/___/___ Facilitator Name: _____ Comments: _____



ARIZONA SMOKERS' HELPLINE
TOBACCO EDUCATION AND PREVENTION PROGRAM (TEPP)
PROACTIVE REFERRAL FLOWCHART FOR PHYSICIANS



*** Patients will receive at a minimum, a one-time intensive intervention tailored to your patient's readiness to quit. Further, your patient will be given the option of enrolling in free, intensive, multiple session quit-tobacco classes or enrollment in free, intensive, multiple session telephone-based counseling. Service enrollment is based upon patient choice.**